

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

PETITION FOR GRANDPARENT VISITATION
Pursuant to RSA 461-A:13

*If the parent of the minor child(ren) is unwed, any grandparent filing a petition under this section shall attach proof (for example, a copy of the birth certificate) of legitimation by the parent pursuant to RSA 460:29 or establishment of paternity.

1. Petitioner(s) Name(s) _____

Date of Birth _____ E-mail address _____

Residence Address _____

Mailing Address (if different) _____

Telephone Number (Home) _____ (Work) _____

2. Name of Mother _____

Date of Birth _____ E-mail address _____

Residence Address _____

Mailing Address (if different) _____

Telephone Number (Home) _____ (Work) _____

3. Name of Father _____

Date of Birth _____ E-Mail address _____

Residence Address _____

Mailing Address (if different) _____

Telephone Number (Home) _____ (Work) _____

4. If parents of children were married, list the date of marriage _____

5. Length of time child(ren) has been a resident of New Hampshire _____

6. List any minor children to be affected by this petition:

Name	Date of Birth	Name and address of person child is residing with
------	---------------	---

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case Name: _____

Case Number: _____

PETITION FOR GRANDPARENT VISITATION

7. Please check one of the following regarding public assistance.

- ☐ No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child listed above.
- ☐ The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children listed above. If you check this box, you must mail copies of this petition and the personal data sheet to DHHS at:

New Hampshire Department of Health and Human Services
Division of Child Support Services - Legal Unit
129 Pleasant Street
Concord, NH 03301

8. Are there any pending adoption, juvenile, domestic violence, domestic relations, paternity, legitimation, custody, parental rights and responsibilities, or other proceedings in any court in any state affecting any child(ren) named in this petition or parents of those children? ☐ Yes ☐ No

If yes, specify _____

9. What orders do you want the court to make, and what reasons to you have, under RSA 461-A:13, for the court to make these orders?

Date

Petitioner(s) Signature

Attorney for Petitioner(s) (if any)

Printed Name, Address, E-mail, and Phone Number of Attorney (if any)

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____
Affix Seal, if any

Signature of Notarial Officer / Title